

| POSITION                         | INITIALS    | ID NO. | DATE     |
|----------------------------------|-------------|--------|----------|
| <b>FEE DETERMINATION</b>         |             |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |             | 21     | 10/25/00 |
| <b>FORMALITY REVIEW</b>          | <i>S-17</i> | 827    | 11-17-00 |
| <b>RESPONSE FORMALITY REVIEW</b> |             |        |          |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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